


Please Type a plus sign (+) inside this box

X

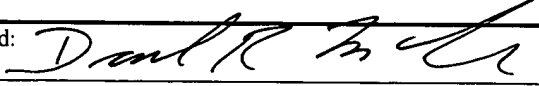
PTO/SB/50 (02/01)
 Approved for use through 1/31/2004. OMB 0651-0033
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

17513 U.S. PTO
 10/8/12866

REISSUE PATENT APPLICATION TRANSMITTAL

ADDRESS TO:		Attorney Docket No.	250318-1030
Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		First Named Inventor	Huang et al.
		Original Patent Number	6,559,780 B2
		Original Patent Issue Date (Month/Day/Year)	May 6, 2003
		Express Mail Label No.	EV438687148US
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box)			
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/56) (Submit an original, and a duplicate for fee processing)		10. <input type="checkbox"/> Statement of status and support for all changes to the claims See 37 CFR 1.173(c)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended if appropriate)		12. <input type="checkbox"/> Foreign Priority Claim (36 USC 119) (if applicable)	
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175) (PTO/SB/51 or 52)		14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. <input type="checkbox"/> Power of Attorney		15. <input type="checkbox"/> Preliminary Amendment	
7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		17. Other: <u>Amendment for Reissue Application</u> <u>Declaration of Alice Chang</u>	
<input type="checkbox"/> 37 CFR §3.73(b) Statement (PTO/SB/96)			
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table.			
9. a. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all o the following are necessary) <input type="checkbox"/> Computer Readable Form (CFR)			
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R 2 copies); or ii. <input type="checkbox"/> paper			
c. <input type="checkbox"/> Statements verifying identity of above copies.			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		24504 (Insert Customer No. or Attach bar code label here)	
		or <input type="checkbox"/> Correspondence address below	
NAME	Daniel R. McClure Thomas, Kayden, Horstemeyer & Risley, L.L.P.		
ADDRESS	100 Galleria Parkway Suite 1750		
CITY	Atlanta	STATE	Georgia
COUNTRY	U.S.A.	TELEPHONE	770-933-9500
		FAX	770-951-0933
Name (Print/Type)	Daniel R. McClure	Registration No. (Attorney/Agent)	38,962
Signature		Date	3-30-04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 250318-1030				
Claims as Filed – Part 1									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity		
				Rate	Fee		Rate	Fee	
(A)	Total claims (37 CFR 1.16(j))	(B) 27	**** 7 =	x \$9.00	63	or	x \$18.00	0	
(C)	Independent Claims (37 CFR 1.16(i))	(D) 7	* 4 =	x \$43.00	172		x \$86.00	0	
Basic Fee (37 CFR 1.16(h))								\$	
Total Filing Fee						\$620	OR	\$	
Claims as Amended – Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 27	Minus	** 20	* 7 =	x \$9.00	63	or	x \$18.00	0
Independent Claims (37 CFR 1.16(i))	*** 7	Minus	***** 3	4 =	x \$43.00	172		x \$86.00	0
Total Additional Fee					\$235		OR	\$0	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid for" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 20-0778. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card in the amount of \$620.00. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>									
Date: 03/30/04		Signature of Applicant, Attorney of Agent of Record: 							
		Typed Name: Daniel R. McClure, Reg. No. 38,962							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: **Huang et al.**For: **System and Method for Processing a Compressed Data Stream****CERTIFICATE OF EXPRESS MAIL**

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Enclosed for filing in the above case are the following documents:

Return Postcard
Reissue Patent Application Transmittal
Reissue Applicant Fee Transmittal
Double-Column Copy of Patent
Single-Column Copy of Patent
Amendment for Reissue Application
Reissue Application Declaration by Assignee
Reissue Application Declaration by Inventor(s)
Reissue Application: Consent of Assignee; Statement of Non-Assignment
Declaration of Alice Chang
Credit Card Authorization Form (Amount: \$620.00)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Respectfully submitted,

Daniel R. McClure, Reg. No. 38,962**THOMAS, KAYDEN, HORSTEMEYER
& RISLEY, L.L.P.**

100 Galleria Parkway, N.W.
Suite 1750
Atlanta, Georgia 30339-5948

Our Docket No: **250318-1030**

I hereby certify that all correspondence listed above are being deposited for delivery to the above addressee, with the United States Postal Service "**EXPRESS MAIL POST OFFICE TO ADDRESSEE**" service under 37 CFR §1.10 on the date indicated below:

The envelope has been given U.S. Postal Service "Express Mail Post Office To Addressee" Package # **EV438687148US**.

Date:

March 30, 2004
Hui Chin Barnhill